

BEST AVAILABLE COPY

CLAIMS ONLY							Application Number		Filing Date			
							Applicant(s)		10695449			
							* May be used for additional claims or amendments					
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Indep	Depend	Indep	Depend	Indep	Depend
	Indep	Depend	Indep	Depend	Indep	Depend						
1	1	1					51					
2							52					
3			1				53					
4							54					
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6			1				56					
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8							58					
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46							96					
47							97					
48							98					
49							99					
50							100					
Total Indep							Total Indep					Total Indep
Total Depend							Total Depend					Total Depend
Total Claims							Total Claims					Total Claims